

# **Vanderburgh County Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 03/31/11

**Address:** 1125 E GUM ST

**Case #:** 11-5811

EVANSVILLE, IN

**County:** VANDERBURGH

47713

## **Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location** (check all that apply)

- ☒ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☐ Open – No Structure  
☐ Other: \_\_\_\_\_

## **Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): ONE POT IN KITCHEN  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: BASEMENT  
☐ Water Reactive Metal (Lithium): ONE POT  
☒ Hydrochloric Acid Gas Generator(s): KITCHEN  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Corrosive Acid: BASEMENT  
☒ Corrosive Base: BASEMENT  
☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered** (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No  
☐ Children not present but evidence they reside or visit often  
Living conditions of home: ☐ clean ☐ disarray ☐ unclean  
Estimated length of time manufacturing had been occurring: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

## **This report has been faxed to the following agencies that serve the location:**

Fire Department: YES

Fax: 8124356248

Health Department: YES

Fax: 8124355871

Department of Child Services: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: GOERGEN

Phone 8124367917

**\*\* This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.**